POSÍTION DESCRIPTION (Please Read Instructions on the Back)										1. Agency Position No.	
Reason for Submission				4. Employing Office Location 5. Duty Station					S000056 6. OPM Certification No.		
Redescription	cription New Hdqtrs. Field										
Reestablishment	سا است			abor Standards A	ct	8. Financial Statements Required			9. Subject to IA Action		
Explanation (Show any position replaced)			Exe		nexempt	Executive P Financial Di		Yes			
			A	ition Status	,	11. Position is: 12. Sensitivity			13. Cor	npetitive Level Cod	
SPD				Competitive			Sensitive Sensitive			14. Agency Use	
				Excepted (Specify in Remarks)  SES (Gen.)  SES (CR)		Managerial	2-Noncritical 4-Special		14. Agency Use		
15. Classified/Graded by		Official Titl		· · · · · · · · · · · · · · · · · · ·	3 (CR)	Neither Pay Plan	Occupational Code	Grade	Initials	Date	
a. U.S. Office of Per-	······································	Official The	e or rosinc	и.		rayrian	Occupational Code	Giade	11111213		
sonnel Management											
b. Department, Agency or Establishment											
c. Second Level Review		en area allem e e e e e e e e e e e e e e e e e e		<del>laka anaka amai - sa laka sa ka mata da ada k</del>		-					
d. First Level Review	Engineering Equipment Operator					WG	5716	9		Late 1	
e. Recommended by Supervisor or											
Initiating Office  16. Organizational Title of	of Position (if differ	rent from official title)		-		17. Name of E	mployee (if vacant, specif)	/)		· · · · · · · · · · · · · · · · · · ·	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>,</b>					2	•			
18. Department, Agency	, or Establishmer	nt	··		c. Third Su	ubdivision					
Department of the Interior											
a. First Subdivision					d. Fourth S	Subdivision					
U.S. Fish & Wildlife Service					- Figure Co.	L 41. 1_1					
						bdivision					
Region					Signatura	of Employee (or	ational)				
19. Employee Review responsibilities of	/This is an ac my position.	curate descriptior	of the m	ajor duties and	<b></b>	o. m., b, b, b, c,					
Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the						wledge that this ointment and p ements may co ulations.	information is to be use payment of public fund nstitute violations of su	d for statutor ds, and that ich statutes	y purpos false o or their	ses relating to or misleading implementing	
a. Typed Name and Title					b. Typed N	lame and Title o	of Higher-Level Supervis	or or Manag	er (optio	nal)	
					i						
Signature				Date	Signature					Date	
				l .	1			•		1	
21 Classification/Joh	Gradina Cortif	lastian i sartifi ti	ant this no	L.	22 Positio	n Classification	Standards Used in Clas	eifving/Grad	ina Posit	ion	
21. Classification/Job classified/graded as published by the U.S apply directly, consis	required by Title S. Office of Perso stently with the m	ncation. I certify the 5, U.S. Code, in connect Management of the code of the	nat triis po onformance r, if no pub hed standa	sition has been e with standards lished standards ards.	1		nent Operator, 571 62, 1/92; maintena		-		
Typed Name and Title of Official Taking Action						d Pd	02, 1702, mainone	21100 111001	iaino,	77 10, 10 00,	
		•			Information	on for Employ	ees. The standards, a	nd informati	on on th	eir application, are	
Signature					available i corrected classificati from the p	n the personne by the agency on/job grading ersonnel office of	or the U.S. Office of Pappeals, and complaints or the U.S. Office of Pappeals, and complaints or the U.S. Office of Person	on of the pos ersonnel Ma s on exempt sonnel Mana	sition ma nageme ion from gement.	ay be reviewed and int. Information of FLSA, is available	
23. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials D	ate	Initials	Date	
a. Employee (optional)		!	<del></del>	!		ļ	1			!	
b. Supervisor		!		1		!	. !				
c. Classifier		<u> </u>	<del></del>	l		1	1			l	
24. Remarks	<u> </u>			<u> </u>	1	1				l .	
FPL:	CDL:							•			
BUS:	Medical:					И					
Drug:		•				$\Lambda$	14/1.1	11/10/	<i>L</i> L	10 12	
25. Description of Ma	ior Duties and	Responsibilities	See Atta	ched)		APP	ROVED FOR	SERVIC	EWI	DE US:	
	אווס פטוע ייני	י יפטאטווטופוזטקפטי	JOS ALLA	0.100/		+		71			

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